

County Approver Certification & Vendor Appointment Form

For Access to Mental Health **Provider Information Management (PIMS)** System.

County Name: _____

To ensure the confidentiality of county mental health data, the Department of Health Care Services, requests the county Behavioral Health Director designate **two contacts** to be responsible for approving county (and vendor, if applicable) staff requests for access to the confidential provider data in PIMS.

Please complete the information below and email the signed form to Providerfile@dhcs.ca.gov. The email must be sent from the signer's (Behavioral Health Director's) email account. If you have any questions, please email Providerfile@dhcs.ca.gov.

Approver I:

First Name: _____ Last Name: _____
Title: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

Approver II:

First Name: _____ Last Name: _____
Title: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

Appointed Vendor(s): (If applicable)

The vendor listed below has the authority to receive, send and process the above named county's confidential mental health information PIMS. (The designated county approvers will approve vendor access requests)

Vendor Name: _____
Vendor Contact Name: _____ Contact Email Address: _____

County Behavioral Health Director Certification:

I, the undersigned (check all that apply):

Designate the above county individuals to have independent authority to approve access requests to PIMS. DHCS may rely on approvals, denials, and changes made by the above individuals in its processing of access requests to this county's data in PIMS. As changes occur to the above approving county contacts, I will sign an updated certification and forward it to DHCS.

Appoint the above vendor to have authority to receive, send and process the above named county's confidential mental health information in PIMS. As changes occur to the above appointed vendor(s), I will sign an updated certification and forward it to DHCS.

County Behavioral Health Director (Signature)

Date

County Behavioral Health Director (Print Name)

County Behavioral Health Director (E-mail address)